

Army medics build partnership with local community

By: Spc. Rebecca Schwab

2nd Brigade Combat Team Broadcast Journalist

U.S. Army medics can expect a typical duty day to involve running sick call in the mornings, doing physical training and then training on intravenous infusions, trauma assessment and applying dressings. Usually this involves practicing on mannequins and occasionally on each other. But is this enough to prepare medics for the realities of combat injuries?

A new partnership between combat medics of 2nd Battalion, 15th Field Artillery Regiment, 2nd Brigade Combat Team, and the Black River Ambulance Squad aims to provide additional training to help medics increase their skills and effectiveness in the field.

Through the partnership, Soldiers are sponsored by the squad and sent to Jefferson Community College in Watertown for a year of accredited paramedic training. In return, they volunteer as emergency medical technicians for the squad, spending their evenings and weekends doing ride time on the ambulances. By the end of the program, combat medics will have an opportunity to become certified paramedics in the state of New York.

Lt. Col. Heyward Hutson, 2-15 FA commander and former certified EMT-III, initiated the partnership.

“When I took battalion command, I thought, ‘I’ve got all these medics. How can I train them?’ I provide my medics to the fire department as EMTs, and they go through the EMT course at JCC at no cost to the Army,” he said.

Hutson said he believes this training will vastly improve the effectiveness of his combat medics in the field.

“I will get paramedic-level medics who, in doing ride time with Black River, are going to see a lot of the trauma cases – car accidents, stabbings, shootings – to better prepare them to be combat medics,” Hutson said.

Eight medics are enrolled in the paramedic course, and nine have volunteered for ambulance ride time, including Capt. Seth Holland, 2-15 FA’s physician assistant. Classes meet from August through December for the EMT-Intermediate course, break for the holidays, and resume from January to April for the Critical Care course.

It is a grueling schedule that requires Soldiers to keep up with daily work duties, attend four hours of class Tuesday and Thursday nights, and be available for rides on the ambulance – even on weekends.

All the medics in the program knew ahead of time that they would have to make sacrifices.

“This was all expressed to them the first day. ‘You will not have a life. Do you understand this? Yes? OK, sign here,’” 1st Lt. Eva Fremaint, medical platoon leader for 2-15 FA, said with a laugh. “They all volunteered for it.”

Pfc. Nolan Smith, a combat medic enrolled in the program, said it involves much more medical instruction than what medics learn in advanced individual training, where they certify as an EMT basic.

“This gets a lot more in depth on how the body works, more than just how to stop bleeding and keep them breathing,” Smith said. “It’s making us all more knowledgeable about the things we need to do to treat Soldiers in a combat situation.”

Spec. Craig Velozo said now he’s better able to understand how the body works and the reasons behind various treatments.

“The civilian way is a lot more academic, knowing why you do things as opposed to just how to do them,” Velozo said. “You get a lot more insight on not only what treatment to give, but why you’re giving it and what effect it’s having.”

Holland said medics need this knowledge to accomplish their mission during deployment. While medics stationed in the U.S. have very limited capabilities (for example, they can start an IV, but it must be under the orders of a senior paramedic or higher), their responsibilities during deployment become much greater.

“Depending on where they are placed on the battlefield, there may not be a physician assistant, nurse or doctor nearby (who) can provide assistance,” Holland said. “So they end up taking on a greater role without the additional understanding of what it requires to do that right and effectively.”

Holland said the paramedic program will bridge the training gap, adding that after they complete the course, medics will be able to manage a full cardiac arrest on their own.

“They will be able to call me and I’ll be able to say, ‘This is what to give him,’ and that medic will understand what I’m saying,” Holland said. “I’ll trust that the medic’s physical exam is good enough on the diagnosis.”

Holland said he hopes working on the ambulance also will help medics mentally prepare for dealing with the types of traumatic injuries they will see on the battlefield.

“In Iraq, I noticed that when medics who had never been deployed before were first involved with a trauma incident, it wasn’t the best situation for the medic, or the patient,” he said. “With this program, they’ll get out with experienced EMTs and they’ll be able to see trauma, so their first time dealing with a trauma patient won’t be in Iraq.”

Of the eight medics in the program, Fremaint said only one has previously deployed.

“This gives them a chance to see trauma in patients and to react to it so that the first time they see a traumatic injury in war they’ve already been exposed,” she said. “We hope that when they are in a situation where they have to react, they’ll be past the shock factor and can go right into functioning as a medic.”

So far, medics in the program have responded positively to the training.

“It’s given everyone a lot more confidence,” Velozo said. “There’s a big difference between saying, ‘I know how to do this’ and ‘I’ve done this before.’ It’s given us a chance to experience that first IV in an ambulance, or first car accident or first gun shot.”

Sgt. Randall Fuller, 2-15 FA treatment NCO, said he has already seen “massive improvements” with his Soldiers since the program started in August.

“Their SOAP notes (subjective, objective, assessment and plan for a patient) are outstanding,” he said. “The more documentation they write down, the better off the patient will be when he or she gets received by a higher level of care.”

“Before these guys were in this program, documentation was a little weak because they didn’t have the advanced training they needed,” he added.

As they train, they benefit the community, as well. Combat medics provide a much-needed service to local residents, said Jeannine Gomiela, JCC’s paramedic program director, who teaches the first year of the paramedic program.

“There’s a shortage of emergency medical service volunteers,” she said. “Having more trained personnel serving the community is a huge benefit to the area.”

Fuller said that when people find out Soldiers are working with civilians on a civilian ambulance squad, it makes a good impression.

“They find out, hey, these guys are fighting for the country and taking care of us at the same time,” he said.

The partnership is also changing the way combat medics are viewed by the civilian medical community, Velozo said.

“I talked to a lot of paramedics out in the civilian world, and they have a certain impression of Army medics, that we are allowed to do more but don’t train the same way they do,” he said.

“This has definitely improved their impression of what we do.”

Coordinating the partnership has been a project over five months in the making, and while the concept is simple, Hutson said it’s been a challenge connecting all the dots.

“It takes a lot of time and energy up front,” he said. But in the end, he said, it’s a “win-win for everybody. I think Armywide, posts should partner up with volunteer services outside the post and see if they could do the same thing.”